

<u>IN THE UNITED STATES PATENT AND TRADEMARK OFFICE</u>

Thereby certify that this transmittal of the below described document is being deposited with the United States Postal Service in an envelope bearing First Class Postage and addressed to the Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450, on the below date

of deposit Signature of the Person Name of Person Date of KATHERINE RINALDI Deposit: Making the Deposit: Making the Deposit:

n re Application of: Kenneth	Y. (gami and Marat	Zhaksilikov
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Serial No.:

09/989.761

Examiner: DO, THUAN V.

Filed: 11/19/01

Art Unit: 2825

For: STORING OF GLOBAL PARAMETER DEFAULTS AND USING THEM OVER TWO OR MORE

DESIGN PROJECTS

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application

X	I ransmitted herewith	is a response	to an office action for	the above identified par	tent application.
	(<u>20</u> sheets)				
	Transmitted herewith Other:	are8	sheets of drawings.		
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2. Applicant is other than a small entity

Extension of Term

The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. 3.

Applicant petitions for an extension of time under 37 C.F.R. 1.136 (a) [X] (fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension	<u>Fee</u>		
[X] one month	\$110.00		
[] two months	\$410.00		
[] three months	\$930.00		
[] four months	\$1,450.00		

Fee \$110.00

If an additional extension of time is required, please consider this a petition therefor.

(b) [] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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rev. 11/98 kgr

ECHNOLOGY CENTER 2800

Attorney Docket No.: CYPR-CD01179M

Fee Calculation

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(for other than a small entity)						
Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid For	Present Extra Claims	Fee Rate	Total	
Total Claims	28	- 28 =	0	x \$18.00	\$0.00	
Independent Claims	5	· 5 =	0	x \$84.00	\$0.00	
Multiple Dependent Claim Fee (one or more, first added by this \$260.00 amendment)					\$0.00	
Total Fees					\$0.00	

PAYMENT OF FEES

- 5. The full fee due in connection with this communication is provided as follows:
- [X] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085.

 A duplicate copy of this authorization is enclosed.
- [X] A check in the amount of \$110.00
- [] Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.

Please direct all correspondence concerning the above-identified application to the following address:

WAGNER, MURABITO & HAO LLP

Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060

Respectfully submitted,

Date: AUGUST 18, 2003

Thomas M. Catale Reg. No. 46,434